Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2939AGC	A. BUILDING _____ B. WING _____	10/07/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK BUFFALO ASSTD LIV	3890 N BUFFALO DR LAS VEGAS, NV 89129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/7/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 113 Residential Facility for Group, 85 beds for elderly and disabled persons and 28 beds for individuals with Alzheimer's disease and related dementia, Category II residents. The census at the time of the survey was 103. Twenty-five resident files were reviewed and 11 employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 10/7/08, the facility failed to ensure that 3 of 11 employees complied	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 with NAC 441A.375 regarding tuberculosis (Employee #2, #4 and #9). Findings include: Employee #2 was hired on 2/22/07 and did not complete a "pre-employment" physical until 3/15/07. Employee #4 was hired on 1/6/07. The physical in the employee's file was dated 1/23/06, almost a year prior to hire. Employee #4 completed an annual TB test on 8/18/07 and there was no evidence of TB skin testing in 2008. The employee had a chest x-ray on 7/15/08 but there was no evidence the employee had tested positive for TB on a skin test. Employee #9 was hired on 4/11/08. The employee had a chest x-ray on 4/17/08 but there was no evidence the employee had tested positive for TB. This was a repeat deficiency from the 12/1/07 State Licensure survey. Severity: 2 Scope: 2	Y 103		
Y 173 SS=D	449.209(3) Health and Sanitation-Inside garbage NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or	Y 173		

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Y 173	Continued From page 2 medical waste. This Regulation is not met as evidenced by: Based on observation, interview and record review on 10/7/08, the facility failed to provide an appropriately covered garbage container by the hand wash sink in the kitchen. Findings include: A hand wash sink was located on the west wall of the kitchen and a large garbage can with a lid was located next to the sink. The lid of the garbage can had to be lifted to throw away paper towels used to dry clean hands. The Bureau of Health Protection Services (BHPS) inspection reports dated 2/17/06 and 3/20/08 indicated the facility needed to provide a covered garbage can with a foot pedal by the hand wash sink. The kitchen manager was questioned and she reported she would place an order for a new garbage container. Severity: 2 Scope: 1	Y 173		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 10/7/08, the facility did	Y 175		

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Y 175	Continued From page 3 not ensure 2 of 2 resident laundry rooms were free from hazards. Findings include: There was a build up of lint on the walls, floors and backs of the dryers in the first and second floor resident laundry rooms. Severity: 2 Scope: 3	Y 175		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation, record review and staff interview on 10/7/08, the facility failed to ensure kitchen equipment was clean and in good working condition to allow for the sanitary preparation of food. Findings include: - The temperature in the kitchens's dry storage pantry was noted to be be very hot and measured 95 degrees with the facility's electric thermometer. The Maintenance Supervisor (MS)	Y 250		

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Y 250	Continued From page 4 initially reported the pantry was always warm due to the design of the kitchen. The temperature in the kitchen was 85 degrees and standing fans had been placed around the kitchen to move the air around. It was noticed that the metal panel above the walk-in freezer that covers the opening to the freezer motor compartment had been removed and another piece of equipment was sticking out of the compartment. The MS reported the motor for the freezer over-heated in July 2008 and a replacement heating element part was ordered on 7/29/08, but the part had not arrived. The MS stated the freezer motor still worked and kept the freezer at the appropriate temperature but without a new element the motor would continue to over-heat. The MS reported a window air conditioning unit was temporarily installed in the compartment above the freezer to blow cold air on the motor to keep it from over-heating. The MS stated the running of the two motors was what was heating up the kitchen and the pantry. The contracted dietitian noted in her 8/8/08 kitchen inspection report that, "Dry storage very hot. Ventilation needs to be checked to prevent food spoilage." - It was also noted that the rubber seal at the top edge of the walk in freezer door was coming loose from the door. - There was a ceiling hood in the north-west corner of the dishwasher room. The employee washing dishes stated he did not know what the hood was for as it was not over the dishwasher machine. The area inside the hood was open with no vent cover and there was a heavy accumulation of dust in the vent. - A kitchen employee was asked to test the chemical level in a dishrag sanitation bucket. The test strip showed the chemical level to be too low. - The metal shelves along the north wall of the	Y 250		

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Y 250	Continued From page 5 kitchen needed to be wiped down to remove food residue and dust. Severity: 2 Scope: 3	Y 250		
Y 430 SS=E	449.229(1) Protection from Fire NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. This Regulation is not met as evidenced by: Based on observation, interview and record review on 10/7/08, the facility failed to ensure continued compliance with State Fire Marshall requirements. Findings include: The fire inspection report dated 7/17/08 indicated the ceiling plates for the fire sprinkler heads in the hair salon and in the halls outside resident rooms #201 and #226 were missing and needed to be replaced. The three ceiling plates were still missing on the day of the survey, almost three months later. The ceiling plates around the sprinkler heads outside of resident rooms #206, #208 and #214 were not completely secured in the ceiling. The fire inspection reports dated 3/11/08 and	Y 430		

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Y 430	Continued From page 6 7/17/08 indicated the facility's fire system was due for it's five year internal inspection. The Maintenance Supervisor (MS) reported the five year inspection had still not been scheduled. The facility's fire alarm annunciator panel had an alert light flashing that showed "Trouble Module 31" and the MS had to re-set the system. Quartey fire inspection reports dated 3/11/08 and 7/17/08 indicated "System trip on arrival" meaning that the trouble indictor lights were on when the inspectors arrived at the facility. The MS stated they have been having trouble with the fire alarm system "tripping" for an unknown reason and then having to be reset. He stated when he leaves work at night, the system is fine, but the trouble lights are lit when he comes in the next day. The fire alarm service company inspected the system on 9/29/08 to try to determine what was causing the problem. The MS stated he and the service company still did know what was causing the problem. Three sets of second floor emergency lights did not activate when tested: the lights in the hallway outside the north bathroom, outside the employee lounge and across from resident room #213. Severity: 2 Scope: 3	Y 430		
Y 698 SS=E	449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (5) All oxygen tanks kept in the facility are secured in a stand	Y 698		

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Y 698	Continued From page 7 or to a wall. This Regulation is not met as evidenced by: Based on observation on 10/7/08, the facility failed to ensure oxygen tanks were secured in a rack or to the wall in 3 of 8 resident rooms in which oxygen was being used (Room #1AB, #2AB and #8). Findings include: Oxygen tanks were not secured in a rack or to the wall resident rooms #1AB, #2AB and #8. Severity: 2 Scope: 2	Y 698		
YA985 SS=D	449.2768(1)(a,b) Dementia Training NAC 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer zs disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer zs disease, and providing support for the members	YA985		

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YA985	Continued From page 8	YA985		

of the resident zs family.

(2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer zs disease.

(3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board.

(4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2).

(b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education.

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YA985	Continued From page 9 This Regulation is not met as evidenced by: Based on record review on 10/7/08, the facility failed to ensure 1 of 4 dementia unit caregivers had evidence of required training (Employee #4). Findings include: Employee #4 was hired on 1/6/07 and there was no evidence of at least eight hours of dementia training in the file. Severity: 2 Scope: 1	YA985		